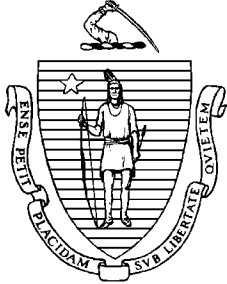


Official Use Only

Reviewed by _____ Date _____

Approved Yes ☐ No ☐

Provisional License Number _____

PL #1 ☐ PL # 2 ☐ Exp. Date _____

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Perfusionists

239 Causeway Street, Boston MA 02114

(617) 727-4499

www.state.ma.us/reg/boards/pf**PROVISIONAL LICENSE APPLICATION****Fee \$151.00**

M.G.L., c. 112, s. 213 provides for provisional licensure for graduates of approved perfusion education programs, between graduate and announcement of the results of the next available licensure examination. A provisional license is valid for one (1) year, and may be renewed once for an additional period of one year.

First Name Middle Initial Last Name Other (maiden)

Date of Birth (MM/DD/YY) Social Security Number (mandatory)

Mailing Address

Street or P.O. Box

City State ZIP Code

Daytime Phone Number E-mail Address

Employment

Employer _____
Name and Location of Institution

Supervisor Perfusionist's Name (s) _____

Supervisor's MA Perfusionist License Number (s) _____

Education An official transcript from the Perfusionist education program, in a school-sealed envelope, is required. In lieu of a transcript, written verification of graduation, signed by the program registrar or director, and bearing the school/program seal, will be accepted. Attach the document in its original, unopened envelope, or request the school to send it directly to the Board.

Accredited School of Perfusion

Location

Degree & Date of Graduation

Examination American Board of Cardiovascular Perfusion certification

Eligibility for provisional licensure is dependent on being determined eligible for the next available ABCP certification examination. Attach official confirmation of eligibility from ABCP and verification of your registration for the next available examination.

Date of the examination for which you are registered: _____

Attach a separate page if additional space is required to answer questions 1 - 6.

1. Have you ever been licensed, or are you currently licensed to practice as a perfusionist, **or any other profession**, in any other state or U.S. jurisdiction?

Yes ☐ No ☐

If yes, please complete the following

| State | License Type & Number | Date Licensed | License Status (current; lapsed; revoked; suspended, etc. |
|-------|-----------------------|---------------|---|
| | | | |
| | | | |
| | | | |

Make arrangements for each state to send an official Record of Standing (sometimes called Certified Statement/License Verification) directly to the MA Board of Perfusionists. It is the applicant's responsibility to request the Record of Standing and to pay any fees required by the issuing state agency. A copy of your license is not an acceptable verification.

2. Has a licensing or certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes ☐ No ☐

3. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

4. Have you ever been denied a professional license or certification, or have you voluntarily surrendered or resigned a professional license or certification to a licensing or certification board located in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?

Yes ☐ No ☐

If yes, attach a separate narrative describing the circumstances. Attach a copy of the official court document(s) related to the conviction. If a conviction occurred in Massachusetts, provide a Criminal Offender Record Information (CORI) report from the MA Criminal History Systems Board.

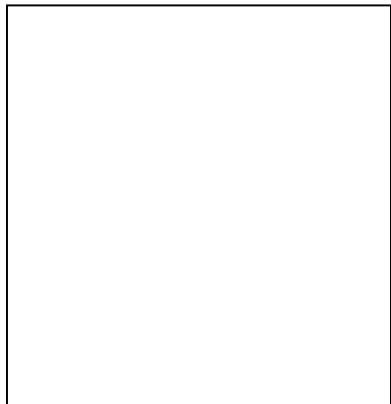
6. Have you ever been named as a defendant in a malpractice suit? Yes ☐ No ☐
If yes, please explain

By my signature below, I certify, under the pains and penalty of perjury, that:

1. I am the applicant named in this application and shown in the attached photograph.
2. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration of Perfusionists to deny, suspend or revoke a license to practice as a perfusionist, in accordance with Massachusetts law.
3. I shall abide by the rules and regulations of the Board of Registration of Perfusionists, as contained in the Code of Massachusetts Regulations.
4. I understand that a provisional license is valid for no longer than one (1) year.
5. Pursuant to M.G.L. c. 110, s. 51A, and M.G.L. c. 119, s. 1A, I understand my obligation to report the abuse or neglect of children.

6. Pursuant to M.G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all Massachusetts State income tax returns and paid all taxes required by law.

Attach a 2" x 2" passport type color photograph



Applicant's signature (signed in the presence of a Notary Public) On _____
Month/Day/Year

Print Name of Notary Public

Signature of Notary Public

My Commission expires on _____
Date

**Send application and supporting documents to: Board of Registration of
Perfusionists, 239 Causeway Street, Boston, MA 02114. Attach a check or
Money Order for \$151.00 payable to the Commonwealth of Massachusetts.**